



## CITY OF NEW CARROLLTON ELECTION COMPLAINT FORM

PLEASE PRINT ALL INFORMATION

Name of Complainant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Complaint against the following person(s) (include contact information, if known) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain the basis for your complaint. If necessary, attach additional sheets.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date alleged violation occurred: \_\_\_\_\_

I, \_\_\_\_\_, hereby declare, under the penalties of perjury, that the information provided in connection with this complaint is, to the best of my knowledge, true and correct.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**Administrative Office Use Only**  
**Date/Time Received:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time